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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0551-0031

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Application Number

09/875,501

TRANSMITTAL

Filing Date

June 4, 2001

First Named Inventor

K.F. Schuegraf

(to be used for all correspondence after initial filing)

First Named Inventor K.F. Schuegraf

Art Unit 2815

Examiner Name E. Ortiz

Total Number of Pages in This Submission 20 Attorney Docket Number MI22-1741

	ENCLOSURES (Check all that apply)							
XX	Fee Transmittal Form	Drawing(s)	After Allowance communication to Group					
	Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request Supplemental Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer Request for Refund CD, Number of CD(s)  Remarks  The Commissioner is hereby additional fees required un and 1.17 and credit any ove	der 37 CFR Sections 1.16					
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
	ID Brent Kenady - Reg NO 40 015							
Signat	ture Belle							
Date	12-12-03							

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## EL979950106

PTO/SB/17 (10-03)
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FEE TRANSMITTAL	Complete if Known				
FEE IKANSIMIIIAL	Application Number	09/875,501			
for FY 2004	Filing Date	June 4, 2001			
ffective 10/01/2003, Patent fees are subject to annual revision.	First Named Inventor	K.F. Schuegraf			
<u> </u>	Examiner Name	E. Ortiz			
plicant claims small entity status. See 37 CFR 1.27	Art Unit	2815	_		

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**TOTAL AMOUNT OF PAYMENT** 

TOTAL AMOUNT OF PAYMENT (\$) 320.00				Attorr	ey Do	cket N	lo. MT22-17	741	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check Credit card Money Other None			3. ADDITIONAL FEES Large Entity 1 Small Entity						
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments			1053	130	1053		Non-English specifica		
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Charge any additional fee(s) or any underpayment of fee(s)			1804	920*	1804		Requesting publication Examiner action	n of SIK prior to	
	cated below, except for th	e filing fee	1805	1,840*	1805	1,840*	Requesting publication	n of SIR after	
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	385 Reissue filing fe		1403	290	2403		Request for oral hear	_	
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SUBTOTAL (1) $(\$)$ 0			1452	110	2452		Petition to revive - una		
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**or number previously paid, if greater; For Reissues, see above			*Redu	ced by	Basic F	iling Fe	ee Paid SUBT	OTAL (3) (\$) 290	0.00
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(Complete (if applicable)) SUBMITTED BY Registration No. 40,045 Telephone 509-624-4276 D. Brent Kenady Name (Print/Type) Signature

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